FIS 0066 (6/01) Michigan Office of Financial & Insurance Services Division of Insurance

## **Amendment or Restatement of** Michigan Articles of Incorporation PAGE 1 of 2

Fees and attachments must accompany this filing. Please use the checklist and remittance stub on page 2 of this form to complete your filing.

This corporation is organized under the provisions of Public Act 218 of 1956, as amended; Chapter  Details about meeting where amendment vote was taken: Type of meeting (select one):  Annual   Special   Spe		TAGETOIZ	Validation code: 96-11-88 25.00			
The vote on amendments was:    Annual   Special   Special   Special   Sity meeting was held in:    Annual   Special   Special   Sity meeting was held in:    Cotes FOR   Votes	lame of Corporation	This corporation is				
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Our web address is: www.cis.state.mi.us/ofis Our toll free phone number is: 1-877-999-6442 P.A. 218 of 1956 as amended requires submission of this form by domestic insurance corporations that intend to amend their articles of incorporation. Amendments are not approved until this form is filed with, and approved by, the Commissioner.



## **Checklist For Submitting Amendment or Restatement of Michigan Articles of Incorporation**

## THESE ITEMS MUST BE INCLUDED BEFORE WE CAN CONSIDER THIS FILING:

(use the checklist to assure all necessary items are included)

Submit two copies of form FIS 0066 (Page 1) each with original signatures and each of the following three attachments if applicable:
A copy of the notice of meeting, and evidence that notice was properly given to members/stockholders. The notice should clearly state that a purpose of the meeting is to vote on an amendment to an article, and contain the text of the article or section as currently written, and the complete amendment with the proposed changes.
A copy of proxy materials (if used) including a proxy card. <i>Proxy cards should include a place for members/stockholders to vote either yes or no on the article amendment.</i>
An excerpt from the minutes of the meeting as it relates to adoption of the amendment, signed by the president and secretary.
Complete and submit <i>one copy</i> of the <b>Attorney General Fee Payment Stub</b> (below).
Include <i>one check</i> for \$25.00 payable in US dollars to: <b>State of Michigan</b> .  This is the statuatory fee for examination of the amendments by the Attorney General.
Send entire completed filing to:
Office of Financial Evaluation Division of Insurance PO Box 30220 Lansing MI 48909 -7720  Our toll free phone number is: 1-877-999-6442
Please cut on line. Return stub (below) with payment. Retain checklist (top portion) for your records.
FIS 0066 (5/00) Michigan Office of Financial & Insurance Services Division of Insurance  ATTORNEY GENERAL FEE PAYMENT STUB  Please complete and return this stub with payment in the amount of \$25.00  Make check or money order payable in U.S. Dollars to: State of Michigan  Payments received without this stub may be returned to payor, and could result in delayed processing.
Company Name Enter 5 digit N.A.I.C. Company Number
Do not write below this line 96-11-0000 -88 \$25.00